

STATEMENT OF FINANCIAL INTERESTS

01 LAST NAME FIRST NAME MI SUFFIX
 O R L O F F R I C H A R D W

02 STREET ADDRESS (work or residence) City State Zip Code Area Code Phone
 178 Redwood Dr. Quakertown PA 18951 1215
 County of Residence Bucks

03 STATUS Check applicable block or blocks (See instructions on page 2)
 Candidate (including write-in) Nominee Public Official (current)
 Public Official (Former) Public Employee (Current) Public Employee (Former)

04 Public Position or Public Office you are seeking hold held
 A R I C H L A N D T O W N S H I P S U P E R V I S O R
 seeking hold held

05 Political Subdivision/Agency (Town, Boro, Board, Commission, Agency, Authority, etc.) in which you are/were an Official or Employee.
 A R I C H L A N D T O W N S H I P
 B

06 Occupation or Profession 07 Year The information listed below represents financial interests for the prior calendar year
 PRIVATE CONSULTANT 1998

08 Real Estate Interests (If NONE, check this box. See instructions on page 2).

09 Creditors (If NONE, check this box. See instructions on page 2). Interest Rate
 Creditor ATT Universal Credit Card 3.9%

10 DIRECT OR INDIRECT SOURCES OF INCOME (If NONE, check this box. See instructions on page 2). (OFFICIAL USE ONLY)
 Name Address
 Lehigh Valley Hospital Allentown PA
 SS Supply Inc. Allentown PA

11 GIFTS (If NONE, check this box. See instructions on page 2). Value of Gift
 Source of Gift Address of Source of Gift Reason for Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (If NONE, check this box. See instructions on page 2). Value
 Source (Name and address)

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (If NONE, check this box. See instructions on page 2). Position Held
 Business Entity

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (If NONE, check this box. See instructions on page 2). Interest Held
 Name and Address of Business

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (If NONE, check this box. See instructions on page 2). Interest Held Relationship Date Transferred
 Business (Name and Address) Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said persons knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. §4904 (unsworn falsification to authorities) and the Public Official and Employees Ethics Law, 65 P.S. §409(b).

Signature Richard W. Orloff Date 20 Feb 1999

INSTRUCTIONS:

1. Read instructions on page 2 and 4.
2. Please type or print legibly. Attach additional 8 1/2 x 11 sheets if necessary and indicate each item by number.
3. Please check page 4 for Proper Filing location(s).

STATEMENT OF FINANCIAL INTERESTS

~~Orloff~~ ~~Richard~~ ~~W.~~
 01 Last Name First Name Middle Initial County of Residence County Code
 Orloff Richard W. Bucks 09
 02 Street Address (Work or Residence) City State Zip Code Area Code Phone
 178 Redwood Dr. Quakertown PA 18951 (215) 538-1945
 03 STATUS Check applicable block or blocks (See instructions on page 2)
 A Candidate (including write-in) B Nominee C Public Official (current/former) (CIRCLE ONE) D Public Employee (current/former) (CIRCLE ONE)
 04 Public Position or Public Office you are seeking 05 Political Subdivision (Twp., Boro., Board, Commission, Agency, Authority, etc.) in which you are seeking office
 NA NA
 06 Public Position or Public Office you hold/held (circle one) 07 Political Subdivision/Agency (Twp., Boro., Board, Commission, Agency, Authority, etc.) in which you are/were an Official or Employee
 Township Supervisor Richland Township
 08A Occupation or Profession 08B The information listed below represents financial interests for the prior calendar year.
 Management/Financial Consultant 19 97 (indicate year)
 09 REAL ESTATE INTERESTS: (if NONE, check this box. See instructions on page 2.)

10 CREDITORS: (if NONE, check this box. See instructions on page 2.)
 Creditor Address Interest Rate
 ① CORE STATES BANK HOME EQUITY L/C Broad St. Quakertown PA 18951 Prime + 2
 10750 McDermodt Blvd. 12%
 ② USAA MasterCard San Antonio TX 78288-0570

11 DIRECT OR INDIRECT SOURCES OF INCOME: (if NONE, check this box. See instructions on page 2.)
 Name Address (OFFICIAL USE ONLY)
 Richard W. Orloff, Management Consultant P.O. Box 622 Quakertown PA 18951
 Richland Township 1328 California Rd. Q-Town PA 18951
 Lehigh Valley Hospital (Bonus and Vacation Pay Only) Cedar Crest #2 78 Allentown PA, 18104
 L F

12 GIFTS: (if NONE, check this box. See instructions on page 2.)
 Source of gift Address of Source of Gift
 Value of gift Reason for gift

13 TRANSPORTATION, LODGING, HOSPITALITY: (if NONE, check this box. See instructions on page 2.)
 Source (Name and Address) Value

14 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS: (if NONE, check this box. See instructions on page 2.)
 Business Entity Position Held
 Richard W. Orloff, Management Consultant P.O. Box 622 Quakertown, PA 18951
 Sole Proprietor

15 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT: (if NONE, check this box. See page 2.)
 Name and Address of Business Interest Held
 Richard W. Orloff, Management Consulting P.O. Box 622 Quakertown 100%
 Sole Proprietor

16 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER: (if NONE, check this box. See instructions on page 2.)
 Business (Name and Address) Interest Held
 NA NA
 Transferee (Name and Address) Relationship: NA
 Date Transferred: NA

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Signature Richard W. Orloff Date 7 July 1999
 ALL Statements of Financial Interest are available for public inspection and copying during regular office hours.

STATEMENT OF FINANCIAL INTERESTS

01 LAST NAME FIRST NAME MI SUFFIX
 O R L O F F R I C H A R D W

02 STREET ADDRESS (work or residence) City State Zip Code Area Code Phone
 178 Redwood Dr. Quakertown PA 18951 (215) 4
 County of Residence _____

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)
 Candidate (including write-in) Nominee Public Official (Current)
 Public Official (Former) Public Employee (Current) Public Employee (Former)

04 Public Position or Public Office you are seeking hold held (member, Commissioner, job title, etc.)
 A R I C H L A N D T O W N S H I P S U P E R V I S O R
 seeking hold held
 B

05 Political Subdivision/Agency (Twp., Boro, Board, Commission, Agency, Authority, etc.) in which you are/were an Official or Employee.
 A R I C H L A N D T O W N S H I P
 B

06 Occupation or Profession (This may be the same as block 4) 07 Year The information below represents financial interests for the prior calendar year.
 P R I V A T E C O N S U L T A N T 1 9 9 9

08 Real Estate Interests (If NONE, check this box. See instructions on page 2).

09 Creditors (If NONE, check this box. See instructions on page 2).
 Creditor Interest Rate
 CHASE @ 8.9%
 USAA Fed Sav. Bank @ 5.9%

10 DIRECT OR INDIRECT SOURCES OF INCOME (If NONE, check this box. See instructions on page 2). (OFFICIAL USE ONLY)
 Name Address
 Lehigh Valley Hospital Doylestown Township
 SSI Supply Inc. Upper Dublin Township
 COMTECH/Florida Water Sv. LANCASTER GEN'L HOSPITAL
 HATBORO BOROUGH

11 GIFTS (If NONE, check this box. See instructions on page 2).
 Source of Gift Address Value of Gift
 Address of Source of Gift Reason for Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (If NONE, check this box. See instructions on page 2). Value
 Source (Name and Address)

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (If NONE, check this box. See instructions on page 2).
 Business Entity Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (If NONE, check this box. See instructions on page 2).
 Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (If NONE, check this box. See instructions on page 2).
 Business (Name and Address) Interest Held Relationship Date Transferred
 Transferee (Name and Address)

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Signature Richard W. Orloff Date 14 Feb 2000

STATEMENT OF FINANCIAL INTERESTS

01 LAST NAME FIRST NAME MI SUFFIX
ORLOFF RICHARD W

02 STREET ADDRESS (work or residence) City State Zip Code Area Code Phone
178 Redwood Dr. Quakertown, PA 18951 (215) 538-1945
County of Residence

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)
 Candidate (including write-in) Nominee Public Official (Current)
 Public Official (Former) Public Employee (Current) Public Employee (Former)

04 Public Position or Public Office you are seeking hold held (member, Commissioner, job title, etc.)
A Supervisor seeking hold held

05 Political Subdivision/Agency (Twp., Boro, Board, Commission, Agency, Authority, etc.) in which you are/were an Official or Employee.
A RICHLAND

06 Occupation or Profession (This may be the same as block 4) 07 Year The information below represents financial interests for the prior calendar year.
~~Self-employed~~ Consultant 2000

08 Real Estate Interests (If NONE, check this box. See instructions on page 2).
178 Redwood Drive (Residence)

09 Creditors (If NONE, check this box. See instructions on page 2).
Creditor Interest Rate
1st Union Natl Bank (Mort & Home Equity)
USAA Savings Bank Credit Card

10 DIRECT OR INDIRECT SOURCES OF INCOME (If NONE, check this box. See instructions on page 2). (OFFICIAL USE ONLY)
Name Address
L.A.M. Mgmt. Services Inc Box 622
Quakertown, PA 18951

11 GIFTS (If NONE, check this box. See instructions on page 2).
Source of Gift Address Value of Gift
Address of Source of Gift Reason for Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (If NONE, check this box. See instructions on page 2). Value
Source (Name and Address)

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (If NONE, check this box. See instructions on page 2).
Business Entity Position Held
L.A.M. Management Services, Inc. Managing Partner

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (If NONE, check this box. See instructions on page 2).
Name and Address of Business Interest Held
L.A.M. Management Services, Inc. 100%

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (If NONE, check this box. See instructions on page 2).
Business (Name and Address) Interest Held Relationship Date Transferred
Transferee (Name and Address)

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Signature Richard W. Orloff Date 2/28/01

STATEMENT OF FINANCIAL INTERESTS

01 LAST NAME **ORLOFF** FIRST NAME **RICHARD** MI **W** SUFFIX

02 STREET ADDRESS (work or residence) **178 Redwood** City **Quakertown** State **PA** Zip Code **18951** Area Code **(215)** Phone **538 1945**
County of Residence **BUCKS**

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A	Candidate (including write-in)	C	<input checked="" type="checkbox"/> Public Official (Current)	D	Public Employee (Current)	Check here if this is an amended form
B	Nominee	C	Public Official (Former)	D	Public Employee (Former)	

04 Public Position or Public Office you are seeking hold hold (member, Commissioner, job title, etc.)
A **TOWNSHIP SUPERVISOR**
B

05 Political Subdivision/Agency (Twp., Boro, Board, Commission, Agency, Authority, etc.) in which you are/were an Official or Employee, or are a candidate or nominee.
A **RICHLAND**
B

06 Occupation or Profession (This may be the same as block 4) **Consultant**
07 Year The information below represents financial interests for the prior calendar year. **2001**

08 Real Estate Interests (If NONE, check this box. See instructions on page 2).

09 Creditors (If NONE, check this box. See instructions on page 2).
Creditor **Master Card** Interest Rate **~ 10% to 4%**
GMAC Auto **0.9%**

10 DIRECT OR INDIRECT SOURCES OF INCOME (If NONE, check this box. See instructions on page 2).
Name **LAM Management Svcs. Inc.** Address **Box 622 Quakertown, PA**
(OFFICIAL USE ONLY)

11 GIFTS (If NONE, check this box. See instructions on page 2).
Source of Gift Address Value of Gift
Address of Source of Gift Reason for Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (If NONE, check this box. See instructions on page 2).
Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (If NONE, check this box. See instructions on page 2).
Business Entity **L.A.M Inc** Position Held **Owner**

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (If NONE, check this box. See instructions on page 2).
Name and Address of Business **LAM Inc.** Interest Held **100%**

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (If NONE, check this box. See instructions on page 2).
Business (Name and Address) Interest Held Relationship Date Transferred
Transferee (Name and Address)

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Signature Richard W. Orloff Date 4/8/02

STATEMENT OF FINANCIAL INTERESTS

01 LAST NAME **ORLOFF** FIRST NAME **RICHARD** MI SUFFIX **W**

02 STREET ADDRESS (work or residence) **178 Redwood Drive** City **Quakertown** State **PA** Zip Code **18957** Area Code **(215)** Phone **538-1945**
 COUNTY OF RESIDENCE **BUCKS**

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) Check here if this is an amended form
 B Nominee C Public Official (Former) D Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (member, Commissioner, job title, etc.) you are **seeking** **hold** **held**

A **RICHLAND TOWNSHIP SUPERVISOR**
 B

05 POLITICAL SUBDIVISION/AGENCY in which you are/were an Official or Employee, or are a candidate or nominee **(Town, Boro, Board, Commission, Dist., Agency, Authority, etc.)**

A **RICHLAND**
 B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) **CONSULTANT/ACCOUNTANT** 07 YEAR The information below represents financial interests for the prior calendar year. **2002**

08 REAL ESTATE INTERESTS (See instructions on page 2). If NONE, check this box.

None

09 CREDITORS (See instructions on page 2) If NONE, check this box.

Creditor **Discover # 1st Card** Interest Rate **0%**

10 DIRECT OR INDIRECT SOURCES OF INCOME (Including, but not limited to employment. See instructions on pg. 2). If NONE, check this box. (OFFICIAL USE ONLY)

Name Address **L.A.M Management Svcs. Inc. P.O. Box 622 QTown Bucks Water & Sewer Authority Warrington PA**

11 GIFTS (See instructions on page 2). If NONE, check this box.

Source of Gift Value of Gift
 Address of Source of Gift Reason for Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2). If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2). If NONE, check this box.

Business Entity Position Held **Self Employed (L.A.M Inc.)**

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2). If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2). If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

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Signature **Richard W. Orloff** Date **15 Jan 2003**

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
ORLOFF RICHARD W

02 STREET ADDRESS (work or residence) City State Zip Code Area Code Phone
178 Redwood Dr. Quakertown PA 18951
COUNTY OF RESIDENCE Bucks

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A	Candidate (including write-in)	C <input checked="" type="checkbox"/>	Public Official (Current)	D	Public Employee (Current)	Check here if this is an amended form
B	Nominee	C	Public Official (Former)	D	Public Employee (Former)	

04 PUBLIC POSITION OR PUBLIC OFFICE (member, Commissioner, job title, etc.) you are seeking hold held
A RICHLAND TOWNSHIP SUPERVISOR
seeking hold held
B

05 POLITICAL SUBDIVISION/AGENCY in which you are/were an Official or Employee, or are a candidate or nominee (Twp., Boro, Board, Commission, Dist., Agency, Authority, etc.)
A RICHLAND TOWNSHIP
B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)
CONSULTANT / CPA
07 YEAR The information below represents financial interests for the PRIOR year.
2003

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
None

09 CREDITORS (See instructions on page 2). If NONE, check this box.
Creditor Interest Rate
USAA Mastercard / GMAC

10 DIRECT OR INDIRECT SOURCES OF INCOME (Including, but not limited to employment. See instructions on pg. 2) If NONE, check this box. (OFFICIAL USE ONLY)
Name Address
LAM Management Svcs, Inc. P.O. Box 622
Quakertown, PA 18951

11 GIFTS (See instructions on page 2) If NONE, check this box.
Source of Gift Value of Gift
Address of Source of Gift Reason for Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.
Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
Business Entity Position Held

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.
Name and Address of Business Interest Held
Owner - LAM Mgmt Svcs. Inc.

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.
Business (Name and Address) Interest Held Relationship Date Transferred
Transferee (Name and Address)

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Signature Richard W. Orloff Date 9 Jun 2004

THIS FORM IS CONSIDERED DEFICIENT IF ALL BLOCKS ABOVE ARE NOT COMPLETED.